Village or City Rear Redeely (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) St.; Ward) St.; Ward of street and number.
2 FULL NAME: RUSHEN / WHY THER	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3.66 k 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from May (1915) 1015
7 AGE (Month) (Day) (Year) 7 AGE It LESS than 1 day, hrs. OR min.?	that I last saw her alive on June 4th, 1915, and that death occurred on the date stated above, at 3, P.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Phillips Pulmonalis
10 NAME OF FATHER 11 BIRTH PLACE OF FATHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MARIE OF MOTHER 11 BIRTH PLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MA	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Madress) (Address) (Addre
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Machine Liferon (Intermant) Scoloroca Berg	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deeth yrs. mos. ds. State, yrs. mos. ds. Where were disease contracted, if not all place of death?
(Address) Redgel Md. 15 Filed Line 1915 David REGISTRAR Of the more blanks are needed, address State Registrar,	DATE OF BURIAL OR REMOVAL Place of BURIAL OR REMOVAL Place of BURIAL Place of BURIAL ADDRESS ADDRESS G. W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

E yrs.). For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as Al school or Al home. Care should be who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesmon, (b) Groccry; (a) Foreman, (b) Autocian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, mobile factory. is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, prespective of age. tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupavarious pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marusmus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Brow-chopmeumonia (secondary), 10 ds. Never report mere nephrilis, etc. 'The contributory (secondary or intercurges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of. head-homicide; Poisoned by Struck by roilway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; rent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerperal septichucmia," carbolic acid—probably



PLACE OF DEATH

County Carling	CERTIFICATE OF DEATH Registration Dist, No.
Village or City Federals Jung (No. 2FULL NAME Stephens	St.; Ward) St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE. about 60 yrs mos ds OR a occupation (a) Trade, profession, or particular kind of work	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from Year) ESS than (min.?) (Month) (Day (Year) (Year) (Month) (Day (Year) (Year) (Year) (And I last saw hall alive on the date stated above, at Table min.?
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos ds. Where was disease contracted, If not at place of death? Former or
(Address) Brillandle & 16 RH 190 8 1915 B K Jefferson REGIS	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ALTERAR LET REGISTRAR, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as wbo receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., witbout more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only wbcn needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative bealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for cbildbirth or miscarriage as "Puerperal septichaecer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Agc," "Sbock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Marastbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. V. S. No. 1.

1 PLACE OF DEATH 9334 County Caraliul	STATE OF MARYLAND CERTIFICATE OF DEATH
α ς	Registration Dist. No. 64
Village or City Lear Declacus.,	St.; Ward) [if death occurred in a hospital or institution, give lis NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemole While Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Month) Month Day (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on, 191, 191
TAGE OR If LESS than 1 day, hrs. yrs. mos. ds. OR min.?	and that death occurred on the date stated above, at 12034m The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) Genoral nature of industry business, or establishment in	(Durailon) yrs. mos. ds
which employed (or employer) 9 BIRTHPLACE (State or country) 7 Marie Carel	Contributory & who warm
10 NAME OF FATHER Forest Colice	(Signed) Dawson Two go, M. O
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	"State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homeidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death
(informant) Pattern Fred Coolie	Former or usual residence
15 Filed Muse 7 19 A Olinge md	20 UNDERTAKER
REGISTRAR	J. Virgil Town Deulaw
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Barto., Requesting V. S. No. 1.



[Approved by U. S. Consus and American Public Health Association.]

write None. state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (retired or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Form laborer, Laborer of the second statement. mobile factory. The material werked on may form part mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager." "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Plonter, Physiknow (a) the kind of work and also (b) the nature of the engineer, Stotionory fireman, etc. But in many cases, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtherio (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

"Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train—occident; Revolver wound of head—homicide; Poisoned by corbolic acid—probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, "Puerperal peritonitis," mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "H.emorrhage," "Inanition," "Marasgenital," symptoms or terminal conditions, such as "Asthenia," to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal scotichumia, etc., when a definite disease can be ascertained as the chojmcumonio (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valendar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilanneum, etc., Curcinoma, Sarcomo, etc., of..... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," The contributory (secondary or interenrrtc.), etc. State cause for which "Dropsy," "Atrophy," "Col-"Exhaustion," ("Con-

If this certificate is booked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
JULI 1915
BUREAU, V.S.

PLACE OF DEATH	4234	and the second	STATE OF MA	
County Caroline		191	CERTIFICATE (Registration D	1.3
Village or City File	eley word,		St.;Ward)	[If death occu a hospital or inst give its NAME
² FULL NAME	Jahn J. L	Davie	Jr.	of street and nur
PERSONAL AND STA	TISTICAL PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RA	- MADDIED WALL	16 DATE OF DEATH	(Month)	(Day)
6 DATE OF BIRTH		= 17 May 24	Y CERTIFY, That I at	
	(Month) (Day) , 1 8 6 (Year	that I last saw h	alixe on	me I,
7 AGE 5-4 ure	6 mos. / 4 ds. OR min.	S. The CAUSE OF ID	Curred on the date s	
8 OCCUPATION (a) Trade, profession, or	Farmer	Pleus	Prensmonin	(718)
(b) General nature of industry	J. M.			
business, or establishment in which employed (or employer)		Jin	Eurys (Duration)	yrsmos
9 BIRTHPLACE (State or country)	Pennel	Contributory		
10 NAME OF FATHER	Lew & Davis	Signed) How	on Bi Par	Kno
OF FATHER (State or country)	Utrales	*State the D CAUSES, state (1)	18 (Address) TALL ISEASE CAUSING DEATH, OF MEANS OF INJURY; and	, in deaths from Viol. (2) whether Accident
MAIDEN NAME OF MOTHER	1. 1. 11	SUICIDAL OF HOMI	DENCE (FOR HOSPITALS.	INSTITUTIONS TOAN
13 BIRTHPLACE OF MOTHER (State or country)	Wales	OR RECENT RESID At placa of deathyrs	ENTS) In the),yrsmos.
14 THE ABOVE IS TRUE TO THE	BEST OF MY KNOWLEDGE	Where wes disease contra if not at place of death		
(Informant)	Davis	Former or usual residence	*	
(Address)	benshurg Pa	19 PLACE OF BURI	AL OR REMOVAL	DATE OF BURIAL
15 File Jam 2, 191 5	sogeonge ond	20 UNDERTAKER	ra la.	ADDRESS
1/	REGISTRAR	111111111111111111111111111111111111111	W. Moon	Deulaw

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Loborer—Coal mine, etc. Women at home, who are engaged in write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, of the second statement. mobile factory. The material worked on may form part taken to report specifically the occupations of persons "Foreman," "Manager." "Dealer," etc., without more mill; (a) Salesmon, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, very important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Architect, Never return "Laborer," Locomotive engineer, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tetonus) may be stated Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic ocid—probably state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conto determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible "Puerperal peritonitis," cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.). symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Or The nature of the injury, as fracture of skull, miscarriage as , "Puerperal septichaemia, The contributory (secondary or intercuretc. State cause for which 10 ds. "Dropsy," Never "Exhaustion," report mere



PLACE OF DEATH

Co	ounty Carren	CERTIFICATE OF DEATH
		Registration Dist. No.6/
Vi	FULL NAME In name Dyer	St.; Ward) [It death occurred in a hospital or Institution, give its NAME lastsad of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDINORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Jine 26, 1915 (Month) (Day (Year)	that I last saw h silvs on
	The Brown yrs mos ds. It LESS than t day,hrs. orhrs.	and that death occurred on the date stated above, at
(a) (b) (b) (b) (b) (b) (c) (c) (d)	OCCUPATION 1) Trade, profession, or articular kind of work 2	Contributory Secondary
S	10 NAME OF FATHER CLIEBO DY EV	(Signed) DRULalme, M. D.
ARENTS	OF FATHER (State or country) 12 MAIOEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
۵	13 BIRTHPLACE OF MOTHER (State or country) In #15	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, on RECENT RESIDENTS) At place In the of death yrs, mos, ds.
	(Informant) Comes Ly ST	Where was disease contracted, If not at place of death? Former or osoal residence.
16 FI	(Address) Grandan Ja 2411 So cal REGISTRAR	DATE OF BURIAL OR REMOVAL LIVE 27, 1815 20 UNDERTAKER ADDRESS Cheursbon
(If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

9336

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or fudustry, and therefore an essary to know (a) the kind of work and also (b) should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precisc speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) ³Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonla," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asnant ncoplasms); Measles; Whooping cough; Chronie thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: etc. The contributory (secondary or Intercurrent) valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childblrth or miscarriage as "Puerperal septichaeeausc. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. tetanus) may be stated under the head of Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for For VIO-



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

Village or City Holbs (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 62 St; Ward) St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, ORDIVORCES WORD B DATE OF BIRTH Supple 1842	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended deceased from to all the deceased from th
(Month) (Day) (Year) 7 AGE 1 LESS than 1 day,hrs. ORmin.? 8 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry,	and that death occurred on the date stated above, at B am, The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Mayland	Contributory (Secondary)
10 NAME OF Peter Harris 11 BIRTHPLACE (OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MYKNOWLEDGE (Informant) ALLE BRIDE OF MYKNOWLEDGE (Address) ADDRESS AND	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos, ds, State yrs, mos, ds. Where was disease contracted, It not at place of death? Former or usual residence. 18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar	B. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers nine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the diberral Caubing death—Name, first, the diberral Caubing death—Name, first, the diberral Caubing definite and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diberumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

sepsis, tctanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., mus," "Oid Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopncumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "As-(name origin; "Can-State cause for "Exhaustion, For VIO-



V. S. No. 1.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT AGE should be stated EXACTLY. N. B.—Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.

1	PLACE	OF	DEATH	4
	Can			



STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

County	Registration Dist. No. 6
	St.; Ward) St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famale White Sangte, widowed (Write the word)	16 DATE OF DEATH LUCE 12 1915 (Month) (Day (Year)
May 28, 1845 (Modth) (Day (Year)	that I last saw h ex alive on Anne 1211, 1915
7 AGE 70 yrs mos f ds OR min.?	and that death occurred on the date stated above, st
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	acult nephilos
which employed (or employer) 9 BIRTHPLACE (State or country) Macy Caced	Contributory Secondary
10 NAME OF William Land 11 BIRTHPLACE	(Signed) (Dorition) yrs ds. (Signed) (Signed) (Address) Green (Signed) (Address) (Address) (Signed) (S
Z (State or country) Mary Carel 12 Maiden NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary Reserve	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds
(informant) Cold Society (informant)	Where was disease contracted, If not at piace of death?
(Address) Green boro	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL June 1 5, 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But lu many applles to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Preelse statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiulte synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthoula," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichaecause. Always qualify all discases resulting from "Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. The contributory (seeondary or intercurrent) Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease eausing death), 29 ds.; For vio-



Statement of	PLACE OF DEATH County Caroline	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Exact	Village or City Deulow Killy, 2 FULL NAME Suith	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
XAC	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
stated EXAC	3 SEX 4 COLOR OR RACE MARRIED, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year)
hould be sta be properly certificate.	6 DATE OF BIRTH See 25, 1835 (Month) (Day) (Year)	that I last saw hair alive on affice 15, 1915;
AGE SI t it may back of	7 AGE If LESS than 1 day, hrs. OR min.?	The CAUSE OF DEATH * was as follows:
arefully supplied in terms, so that instructions on	OCCUPATION (a) Trado, protession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) Z yrs. — mos. — ds. contributory & layd lastale Secondary
INLY, WITH UN ton should be of F DEATH in pla Important. See	10 NAME OF FATHER SIMILATE CONFATHER 11 BIRTHPLACE OF FATHER (State or country) England (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) *State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SCIEDAL OF HOMICIDAL.
TE PLA nformat USE O is very	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Al place In the of death yrs. mos. ds. Stete, yrs. mos, ds Where was disease contracted, if not at place of deeth?
WRI Every item of its should state CA	(Address) P. F. D. Deulaw Me. (Address) P. F. D. Deulaw Me. 15 101 101 101 101 101 101 101	Former or usual residence P PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DILL 6, 191.5
z m	REGISTRAR	, 16 W Saratoga St., Batter, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. employed, as At school or At home. Care should be or given up on account of the disease causing death, engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Auto-Housemaid, etc. If the occupation has been changed "Foreman," "Manager," "Dealer." etc., without more mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma." "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... chopneumonia (seeondary), 10 ds. Never report mere rent) affection need not be stated unless important. ncphritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or interemg., sepsis, telonius) may be stated "PUERPERAL septichaemio, "Dropsy," carbolic ocid-"Exhaustion, -probably



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH County asoling Village or City Ragely (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 6 St.; Ward) [If death occurred in a hospital or institution, give ils NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARNIES, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH Morle Av (Mooth) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from ,191, to ,191., that I last saw h alive on ,191
7 AGE 2 4 yrs b mos. 2 9 ds. or min.? B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	and that death occurred on the date stated above, at 7.0° m. The CAUSE OF DEATH * was as follows:
UN AME OF FATHER Serge St. Change 10 NAME OF FATHER Serge St. Change 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OTHE	(Signed) (Duration) yrs. mos. ds. (Signed) (Buration) yrs. mos. ds. (Signed) (Address) (Buration) yrs. mos. ds. (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicioal. 18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In this of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not al place of death? Former or
(Address 5.06.8 Bellul St. Ballo Mc.) 15 Flied U.S. 7., 1915 Bacis Registrac, 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PARTIMISTY MS & 8 . 191.85! 20 UNDERTAKEN 20 UNDERTAKEN ADDRESS MAGSLY MU

[Approved by U. S. Census and American Public Health Association.]

C yrs.). employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day loborer, Farm loborer, Loborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. mill; (a) Salesman, (b) Grovery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Former or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -('oal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material werked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonio, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonosum, etc., Carcinomo, Sorcoma, etc., of..... on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated head—homicide; Poisoned by carbolic acid—probably Struck by roilway troin-accident; Revolver wound of to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septicharmia," etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopucumonia (secondary), 10 ds. Never report mere Example: Meosles (disease causing death), 29 ds.; Bronnephrilis, etc. The contributory (secondary or intercurcough; Chronic valentar heart disease; Chronic interstition cause. rent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, "Senile," etc.), "Dropsy," "Exhaustion," ACCIDENTAL, important.



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Information

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PARENTS

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BOCCUPATION (a) Trade, profession, or

barticular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

(b) General nature of industry.

business, or establishment in

PERMANENT EXACTLY.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 6

.st.;	Ward
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MEDICAL CERTIFICATE OF DEATH

lif death occurred in a hospital or institution, give Its NAME Instead of street and number.]

Coun 2FULL NAME. PERSONAL AND STATISTICAL PARTICULARS SSINGLE, Osug-MARRIED, WIDOWED, 3 SEX 4 COLOR OR RACE OR OIVORCED DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than

which employed (or employer)

16 DATE OF DEATH	Jus	e	6	. 1915
	(Mon	th)	(Day	(Year)
17 I HERE	BY CERTIF	Y, That I	attended	deceased from
**************************************	, 191, to			191
that I last saw h	allys on			, [91
and that death occurre	d on the dat	e stated	above, at	7 P. m
The CAUSE OF DEATH			,	
	2	viv	nin	9
acerth	tu.	**************	/	<i></i>
,	4910	~	****************	
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000000000000000000000000000000000000000	(Dura	atinn)	yrs	masds.
Contributory Secondary		**********	*********	*****************
	/800	otion) —		
	/ //	, .	59	ds.
(Signed)			te	
June 7 , 1913.	(Address)	Rid	195 Ce	ms.
//			1-1	
*State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, or HO	EANS OF IN.	JURY; an	in deaths d (2) who	ether Acciden-
18 LENGTH OF RESIDE	ENCE (FOR H	OSPITALS,	NSTITUTIO	NS, TRANSIENTS.
OR RECENT RESIDENT	s)	In the		
of death yrs n	ins ds.		yrs,	mos ds
Where was disease contracte	id,			
If not at place of death?		************		**************************************
Former or usual residence.				
19 PLACE OF BURIAL		1	PATE OF	**********************

ADDRESS

OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS

REGISTRAR

1 day,hrs.

OR min. ?

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 sallmor

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." injnry, as fracture of skuil, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which snrgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all discases resulting from mns," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgeuital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (seeondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Can thre of the American Medical Association.) sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles "Semile," etc.), (Recommendatious on statement of (disease cansing death), 29 "Dropsy," "Exhaustion," For VIO-



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. if death occurred in St.:....Ward) a hospital or institution, give its NAME instead ef street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED .-WIDOWED OR DIVORCED (Write the word) (Day) Attended deceased 6 DATE OF BIRTH Year) (Day) (Month) if LESS than 7 AGE hrs. 1 day, was as follows: OR min.? 8 OCCUPATION
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF Signed) RENTS (Address) BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE In the At place Maryland OF MOTHER of deathyrs.mos.ds. Where was disease contracted, 14 THE ABOVE IS If not at place of death?..... Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

REGISTRAR

If more blanks are needed, address State Registrar, 1

Saratoga St., Batta, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. who receive a definite salary), may be entered as House-wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Former (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Gracery: (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary firemon, etc. But in many eases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Women at home, who are engaged in If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Brouchapneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

suicide. The nature of the injury, as fracture of skull, "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and eonsequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or misearriage as "Puerperal septichucmia," "Puerperal perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Struck by railway troin-accident; Revolver symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Meastes (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of rent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whoaping "Senile," The contributory (secondary or intercuretc.), "Dropsy," Never report mere (Recommendations "Exhaustion," nound



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

CTLY. PHYSICIANS I. Exact statement of	1 PLACE OF DEATH County Caraline Village or City Man Still Bo	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 62 [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
EXACT sified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
uld be stated properly class rtificate.	S SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH ALLE BOOM	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from ,191, to	
plied. AGE sho o that it may be ns on back of ce	7 AGE (Month) (Day) (Year) 1 LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at	
refully sup in terms, s instruction	particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Ouration) yrs. mos. ds. Contributory Secondary	
rmation should be ca SEOFDEATH in plai very important. See	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13	(Signed) Naturales Officery	
Every item of inform should state CAUSE OCCUPATION is ve	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) A A C	At place of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence 19 PACE OF BURIAL OR REMOVAL Roberts Durial Contract of Burial Co	
S. S	File Janua 2 2, 191 5 Deur Gl. M. D. REGISTRAR If more blanks are needed, address State Registrar,	20 UNDERTAKER Lingil Sysoon Stulan 349 16 W. Saratoga St. Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-Housemaid, etc. taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (o) Foremon, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used engineer, Stationary fereman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Architect, Never return Locomolive engineer, If retired from "Laborer" (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (c. g., sepsis, telonus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by rollway train—accident; Revolver wound of SUICIDAL, Or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPEHAL peritonitis," etc. State cause for which birth or miscarriage as "Publiperal septichaemia, mus," "Old Age," "Shock," "Uracmia," "Weakness, to determine definitely. Examples: Accidental drowning, cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; rent) affection need not be stated unless important. cough; Chronic valvular heart discuse; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of..... nephrilis, etc. (name origin; "Cancer" is less definite; avoid use of (secondary), 10 ds. Never report mere The contributory (secondary or intercur-"Dropsy," "Exhaustion,



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	WRITE PLAINLY, WITH UNFADING INK-THI	N. B.—Every item of information should be carefully supplied. I should state CAUSE OF DEATH in plain terms, so that if
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PLAGE OF DEATH	STATE OF MARYLAND
County County	CERTIFICATE OF DEATH
Plan	Registration Dist. No. 6.6
Village or City Villagelly (No.	St.; Ward) [If death occurred in a hospital or institution,
2 FULL NAME William a	Sigler give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word) 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH JUNE 6th (Month) (Month) (Day) (Year)
6 DATE OF BIRTH	IT I HEREWY CERTIFY, That sattended deceased from
(Month) (Day) , 1897	that I last saw halive on, 19i
7 AGE If LESS than	and that death occurred on the date stated above, at 5.P.m
2 2 yrs 10 mos 29 ds. on min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or	Drowing
particular kind of work	Hersdertal
(b) General nature of industry business, or establishment in which employed (or employer)	(Duration)yrsmosds
9 BIRTHPLACE	Contributory Secondary
- May suite	- (Duration) yrs, mos. ds
10 NAME OF FATHER Volue a Sigle	(Signed) Kenny Wilkenson Corone 4. 0
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, of in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER LAWY August	*State the DISEASE CAUSING DEATH, of in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Al place In the
OF MOTHER (State or country) Maryland	of death yrs. mos. ds. State, yrs. mos. ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Cook County	usual residence
(Address) Judgely Max	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL June 4 1915
Flegure 7, 1915 David	20 UNDERTAKER HONOR HADDRESS HADDRESS
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without mere precise specification as Day laborer, Furm laborer, Loborer write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, Never return "Laborer," If retired from

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on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, letanus) may be stated head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning.
Struck by railway train—accident; Revolver wound of on Nomenelature of the American Medical Association.) SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage as "PUERPERAL septicharmia," mus," "Old Age," "Shock," "Uracmia," "Weakness. symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere nephrilis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marusgenital," "Senile," etc.), lapse," "Coma," "Anacmia" (merely symptomatic), "Atrophy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... The nature of the injury, as fracture of skull "Convulsions," "Dropsy," "Exhaustion," "Debility"



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A B. No. 1.

Village or Cityhuar Maugael (No.)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mace Black (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	, 191, to, 191,
(Month) (Day) (Year)	that I last saw h alive on, 191
7 AGE SUCOSON If LESS than 1 day,hrs. yrs	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, er particular kind of work.	OTLAND WITH STATE
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Coroline Co. Mel.	Contributory (Secondary) (Deration) (Deration) (Deration)
10 NAME OF GLASSIN GILLEN	(Signed) Jeff Just Co., M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VILLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN
of MOTHER GIONAL ANNA	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) and from a	Former or usual residence
(Address) Malegall Mcf -	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 191 8
Filed July 1 , 1915 M Toloocher	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative lealthful-Statement of occupation-Never return "Laborer," "Foreman," -Precise statement of occupa-As examples: For persons (6)

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such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purperal scptichae mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. mia," "PUERPERAL peritonttis," etc. etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report zer" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of .. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) ... (name origin; "Can State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED UL2 1915 BUREAU, V.S.